



(603) 271-2261 Fax (603)271-1406 TDD Access: Relay NH 1-800-735-2964

Paula T. Rogers Commissioner

## INSURANCE COMPANY PRODUCER APPOINTMENTS **COMBINATION FORM**

Compa	iny Name				
NAIC Code					
Transn	nission Date				
Number of Transactions (Max of 10) Fee Enclosed (Number of Transactions * \$25) Name of Person (Responsible for this Transmission)			\$		
e-mail	address				
Mailing	g Address (Stree	et Address)			
Mailing	g Address (City,	State, Zip)			
Ind or Business Entity Indicator (I/B)	ID NUMBER (SSN or FEIN)	EN	TITY NAME	Add or Terminate Indicator (A/T)	For Dept Use Only (Accept/ Reject)
				-	

FOR DEPARTMENT USE ONLY				
Date				
Check Number				
Amount				
Initials				